



State of Connecticut
Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: CSP-I

Case Number: DPS-04-050160

Notations: m
Traffic: 3
Weather: C
Lane: Rt 8 of 3 from
Direction of Travel: N S E W

Investigating Trooper: K. Taylor # 1321

Date: 10/7/04

Time: 1229

No. & Type of Veh's Involved: 1 Motorcycle
(Passenger Car, Truck, Bus, Etc.)

Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Naugatuck

Location of Accident: Rt 8 S/B Exit #28 off

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Lintgeris, Nicholas

Oper #2: _____

DOB: 11-12-56

Gender: ☒ M ☐ F

DOB: _____

Gender: ☐ M ☐ F

Address: 164 Union City Ave

Address: _____

Town: Naugatuck State: CT Zip: 06770

Town: _____ State: _____ Zip: _____

Oper. Lic. # 237024033 Type: A State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #1: Same

Owner #2: _____

Address: Same

Address: _____

Registration Plate: 727621 State: CT

Registration Plate: _____ State: _____

Make: HD Model: FLSTF Year: 97

Make: _____ Model: _____ Year: _____

VIN: 1HDMBL17VY025799

VIN: _____

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☒ N/A

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: Foremost Insurance Co.

Insurance Company: _____

Insurance Policy #: 2760070323302

Insurance Policy #: _____

Injuries: Head, Body

Injuries: _____

Vehicle Damage: Rt side

Vehicle Damage: _____

Vehicle Towed: ☒ No ☐ Yes, Sibby's

Vehicle Towed: ☐ No ☐ Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3: _____

Oper #4: _____

DOB: _____ Gender: ☐ M ☐ F

DOB: _____ Gender: ☐ M ☐ F

Address: _____

Address: _____

Town: _____ State: _____ Zip: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # _____ Type: _____ State: _____

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: _____

Owner #4: _____

Address: _____

Address: _____

Registration Plate: _____ State: _____

Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

VIN: _____

VIN: _____

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: _____

Insurance Company: _____

Insurance Policy #: _____

Insurance Policy #: _____

Injuries: _____

Injuries: _____

Vehicle Damage: _____

Vehicle Damage: _____

Vehicle Towed: ☐ No ☐ Yes, _____

Vehicle Towed: ☐ No ☐ Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

On 10/7/04 at 1229 Hrs Op #1 lost control of his motorcycle traveling Rt *#8 S/B.
Op #1 was ejected from his motorcycle and came to final rest in the exit #28 off ramp lane.
Veh #1 came to final rest in the gore area of exit #28.
Op #1 was transported to St. Mary's Hospital in Waterbury for head injuries.
Any witness that may have seen this accident occur are asked to contact Troop I Bethany at
(203)393-4200 and leave a message for Tpr Kerry Taylor #1321

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company AMR ☐ No

Patient Name: Op #1

Hospital St Mary's

Injuries Head trauma

#2 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#3 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature [Signature] # 226 Date 10/7/04